

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10918 **CERTIFICATE OF DEATH**

10916

Reg. Dist. No. 194

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL OR end give nearest town) <u>X</u> <u>Tridelphia</u>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Tridelphia</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location)		<u>/</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>HARRIETT</u> <u>VALINDA</u> <u>BROWN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>5</u> 19 <u>55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 4, 1879</u>		9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>James B. Sullivan</u>				14. MOTHER'S MAIDEN NAME <u>? Ward</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>James R. Brown, Brookville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.0 IMMEDIATE CAUSE (A) <u>Chronic myocardial failure</u>						<u>5 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic heart disease & coronary insufficiency</u>						<u>5 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Intertrochanteric fracture right hip</u>						<u>1 month</u>	
19a. DATE OF OPERATION <u>9/30/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture right hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> <u>1956</u> , to <u>Nov. 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 5</u> , 19 <u>55</u> , and that death occurred at <u>3:00</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>Charles S. Whitaker, A.O.</u>				ADDRESS (Street, city, town, state) <u>Clarksville, Maryland</u>		DATE SIGNED <u>11/7/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-8-55</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		LOCATION (City, town, or county) (State) <u>Shirshine, Md.</u>	
24. REC'D BY REGISTRAR <u>Nov 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Marie C. Whitaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	

CERTIFICATE OF DEATH

10-18

Form No. 10-18

NAME OF DECEASED	DATE OF DEATH
SEX	AGE
PLACE OF BIRTH	PLACE OF DEATH
CAUSE OF DEATH	

DATE OF DEATH	TIME OF DEATH
PLACE OF DEATH	CAUSE OF DEATH
DATE OF DEATH	TIME OF DEATH
PLACE OF DEATH	CAUSE OF DEATH

DATE OF DEATH	TIME OF DEATH
PLACE OF DEATH	CAUSE OF DEATH
DATE OF DEATH	TIME OF DEATH
PLACE OF DEATH	CAUSE OF DEATH

BUREAU V. S.

NOV 18 1918

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10914 **CERTIFICATE OF DEATH**

10917

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		STATE <u>Maryland</u> COUNTY <u>Howard</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>	
TOWN <u>Ellicott City</u>		LENGTH OF STAY (in this place)		TOWN <u>Ellicott City</u>		TOWN <u>Ellicott City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Waterloo Road</u>				STREET ADDRESS (If rural give location) <u>Waterloo Road</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>MATTHEW</u> <u>COATES</u>				<u>Nov. 28, 1955</u> <u>19</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		
<u>Male</u>	<u>Colored</u>	<u>Married</u>	<u>Dec. 24, 1863</u>	<u>86</u> yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Matthew Coates</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mrs. Louise Coates, Ellicott City, Md</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>443x</u> <u>Cardiac Valvular Disease</u>				<u>Arteriosclerosis</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Hypertension</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 2, 1955, to Nov. 28, 1955, that I last saw the deceased alive on Nov. 27, 1955, and that death occurred at 2 P.M. from the causes and on the date stated above. 11-29-55							
SIGNATURE <u>W. H. Wadledge, Sr.</u>		M.D. <u>R. 4 Box 212 Ellicott City, Md.</u>		DATE SIGNED <u>Nov. 28, 1955</u>		ADDRESS (Street, city, town, state) <u>Ellicott City, Md.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12-1-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Locust Chapel</u>		LOCATION (City, town, or county) <u>Atholton, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>John B. Longhman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	
DATE <u>11-29-55</u>		<u>Per. B. E. L.</u>					

CERTIFICATE OF DEATH

10015

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

RECEIVED
DEC 1 1955
BUREAU V. 2

AND ATTACHED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10918

10915 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		STATE Maryland		COUNTY Howard			
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		LENGTH OF STAY (in this place) 57 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 New Cut Road		STREET ADDRESS (If rural give location) 81 New Cut Road					
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) SOPHIE		(Middle) DENT		(Last)		(Month) (Day) (Year) Nov. 16th. 1955	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 5, 1898	9. AGE last birthday 57 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washing & Ironing		10b. KIND OF BUSINESS OR INDUSTRY In own home for others		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Richard Dent				14. MOTHER'S MAIDEN NAME Hester Jane Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Lena Manderville 81 New Cut Road Ellicott City, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X IMMEDIATE CAUSE (A) Bronchopneumonia				3 days			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Cardio-Vascular Disease				5 yrs.			
19a. DATE OF OPERATION 0 -		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-1 , 19 50 , to 11-16 , 19 55 , that I last saw the deceased alive on 11-14 , 19 55 , and that death occurred at 6 A.M. from the causes and on the date stated above.							
SIGNATURE George E. Burdorf				ADDRESS (Street, city, town, state) Ellicott City, Md.		DATE SIGNED 11-17-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/19/1955		NAME OF CEMETERY OR CREMATORY Western Star Cemetery		LOCATION (City, town, or county) (State) Baltimore Co., Md.	
24. REC'D BY REGISTRAR DATE Nov. 17, 1955		REGISTRAR'S SIGNATURE John B. Loughran		25. FUNERAL DIRECTOR'S SIGNATURE Easton Love ADDRESS Ellicott City, Md.			

John B. Loughran
Reg. B. E. X.

10015

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Birth		Date of Death		Place of Death	
Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Coroner	
Date of Certificate		Date of Registration		Date of Filing	

BUREAU V. 1
NOV 21 1955

RECEIVED

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10919

10916 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
X TOWN <u>Ellicott City</u>		1 yr.		TOWN <u>Rural- Parkton</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Shaffer Conv. Retreat</u>				STREET ADDRESS (If rural give location) <u>Dairy Rd.</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Mary F. Dick				Nov. 16 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
Female	White	Widow	Nov. 13, 1867	88			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if railroad) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Liverpool, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Henry Cartwright</u>				14. MOTHER'S MAIDEN NAME <u>Mary Statham</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS <u>Mrs. Ralph Stahler, Parkton, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						14r	
IMMEDIATE CAUSE (A) <u>Carcinoma of Colon with metastases</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> , to <u>11-16, 1955</u> , that I last saw the deceased alive on <u>11-10, 1955</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>John A. K. Lougheran</u> M.D. ADDRESS (Street, city, town, state) <u>Ellicott City, Md.</u> DATE SIGNED <u>11-16-55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 19, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Chestnut Grove Cem.</u>		LOCATION (City, town, or county) (State) <u>Marysville, Penna.</u>	
24. REC'D BY REGISTRAR <u>NOV 18 1955</u>		REGISTRAR'S SIGNATURE <u>John Lougheran</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacob H. Heston</u>		ADDRESS <u>New Freedom, Pa.</u>	

4

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13 1955

RECEIVED
13 1955

10917 CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

COUNTY

Harward

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

TOWN *Sutton*

LENGTH OF STAY (in this place)

2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Seniors Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY

Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN *Burtonville*

15X-2

STREET ADDRESS

(If rural give location)

3. NAME OF DECEASED:

(First)

Lena

(Middle)

Thomas

(Last)

Dunall

(Type or Print)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

November 5 1955

5. SEX:

F

6. COLOR OR RACE:

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Married

8. DATE OF BIRTH:

Sept 20 1869

9. AGE last birthday:

86 yrs.

IF UNDER 1 YEAR

Months

Days

Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Home

11. BIRTHPLACE (State or foreign country):

Burtonville Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Nathan F Beall

14. MOTHER'S MAIDEN NAME:

Marcelline Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

4 no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Mrs. Nettie Pearson Burtonville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause

(a)

DUE TO

Bronchopneumonia

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

Hypertensive Cardio-Vase Dis

(c)

DUE TO

Gen'l Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Gen'l Arthritis

Interval Between Onset And Death

4 days

20 yrs.

20 yrs.

20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased

alive on

SIGNATURE

19.....

and that death occurred at

(Degree or time)

from the causes and on the date stated above.

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

11/11/55

NAME OF CEMETERY OR CREMATORY

Union Cemetery

LOCATION (City, town, or county)

Burtonville, Md

(State)

DATE REC'D BY LOCAL REGISTRAR

Nov 11- 55

REGISTRAR'S SIGNATURE

Mrs. Marie Whittaker

24. FUNERAL DIRECTOR

Mrs. Marie Whittaker

ADDRESS

11/11/55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1080

1080

BUREAU V. S.

NOV 15 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10918 CERTIFICATE OF DEATH

10921

Reg. Dist. No. 173

1. PLACE OF DEATH:

County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, institution, or street address where death occurred:
1928 London ave.
How long in hospital or institution? 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1928 London ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Charles H. Ernest

3. (b) Social Security Number

212-05-0635

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Minnie I. Ernest
8. (c) If alive, give age 57 years
7. Birth date of deceased (mo. day yr.) Feb. 13, 1896
8. AGE: Years 59 Months 9 Days 4 If less than one day
hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1955 at 6:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1935 to Nov 17 1955
and that I last saw him alive on Nov 17 1955

Immediate cause of death Acute Coronary
arteriosclerosis
Due to arteriosclerosis
hypertension
Other conditions hypertension
420.1 (Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION
13 yrs.
142
2 mos.
17 1/2

9. Birthplace Baltimore
(Town, county, and state)
10. Usual occupation Shop Repairman
11. Industry or business C. & P. Telephone Co.
12. Name Charles H. Ernest
13. Birthplace Baltimore
14. Maiden name Rosina Wheeler
15. Birthplace Baltimore
16. Informant Mrs Minnie I. Ernest
Address 1928 London ave.
17. Burial (Burial, cremation, or removal Which?) Burial Date thereof Nov 21, 1955
(month) (day) (year)
Cemetery or crematory London Park
Location Baltimore
18. Funeral director W. H. Cole
Address 1913 W. Baltimore St.
19. 11/21 1955 W. H. Cole
(Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE W. H. Cole
M. D. or other
Address 1913 W. Baltimore St. Date signed 11/21/55

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

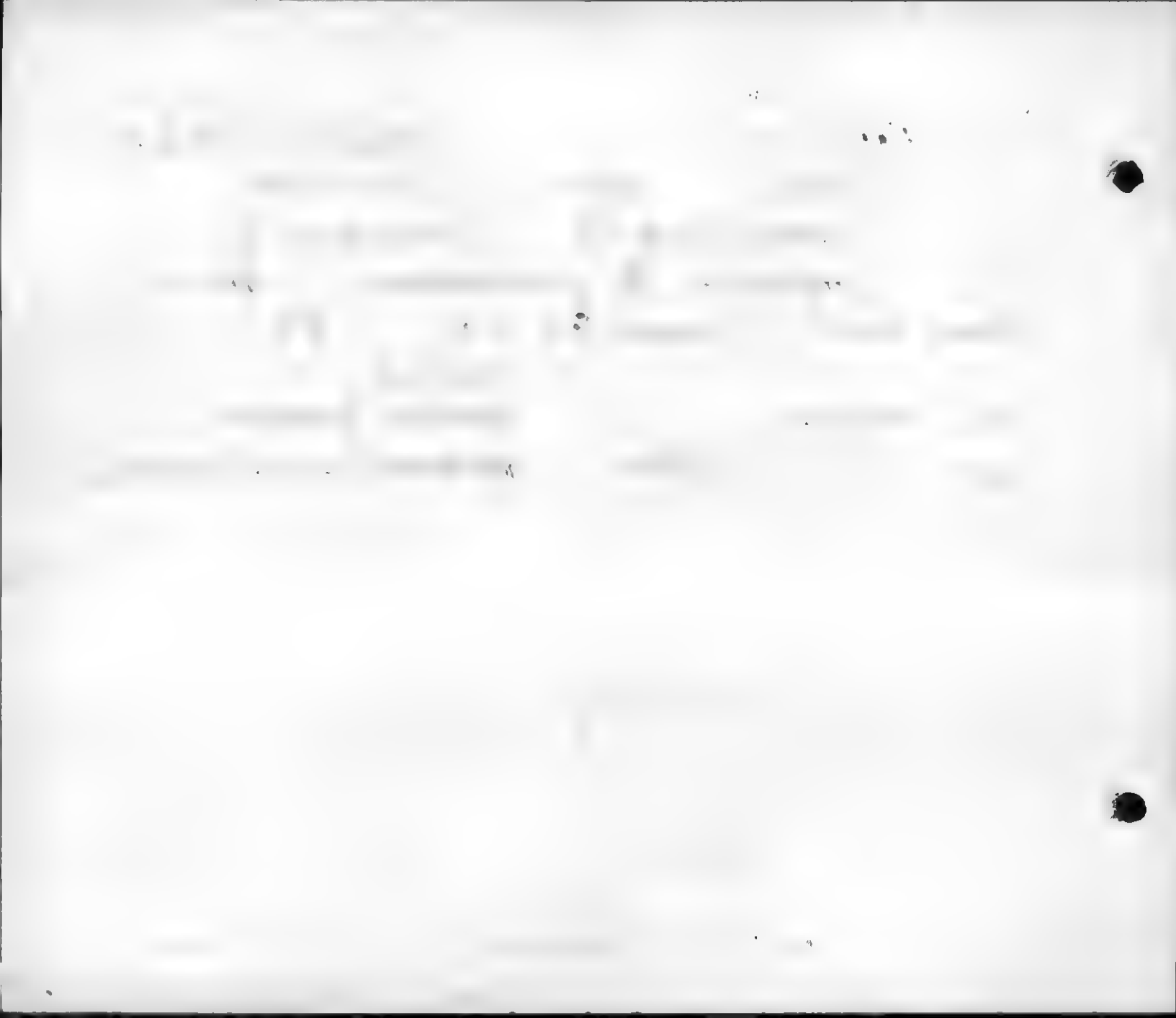
10919 CERTIFICATE OF DEATH

Reg. Dist. No. /

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>HOWARD</u>	MARYLAND	STATE <u>MARYLAND</u> COUNTY <u>HOWARD</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>ELKRIDGE</u>	LENGTH OF STAY (in this place) <u>4 YRS.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>ELKRIDGE</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10 HUNT CLUB RD.</u>		STREET ADDRESS (If rural give location) <u>10 HUNT CLUB RD</u>	1
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>THERESA</u>	(Middle) <u>M.</u>	(Last) <u>HARRINGTON</u>	DATE OF DEATH: <u>Nov. 12, 1955</u>
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>WIDOWED</u>	8. DATE OF BIRTH: <u>SEPT 14 1893</u>
9. AGE last birthday <u>72</u> yrs		IF UNDER 1 YEAR	IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>WISCONSIN</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME: <u>JOHN BERRA</u>	
14. MOTHER'S MAIDEN NAME: <u>URSULE GABRIEL</u>		15. INFORMANT & ADDRESS: <u>MRS ALBERT KATOLA 10 HUNT CLUB RD</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>		17. SOCIAL SECURITY No. <u>NONE</u>	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Massive E.C. Hemorrhage</u>			
ANTECEDENT CAUSE (B) <u>C.H. Stomach & Hepatic Metastases</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1953</u> , to <u>Nov 12, 1955</u> , that I last saw the deceased alive on <u>Nov 7, 1955</u> , and that death occurred at <u>5:55 A</u> M, from the causes and on the date stated above.			
SIGNATURE <u>John C. Tracy</u>		DATE SIGNED <u>11/12/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		NAME OF CEMETERY OR CREMATORY <u>MEADOW RIDGE</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11/14/55</u>		REGISTRAR'S SIGNATURE <u>C. W. Hedrick</u>	
24. FUNERAL DIRECTOR <u>Joseph J. Lamborn</u>		ADDRESS <u>1927 Sulphur Rd.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



10923 CERTIFICATE OF DEATH

10923

Reg. Dist. No. 192

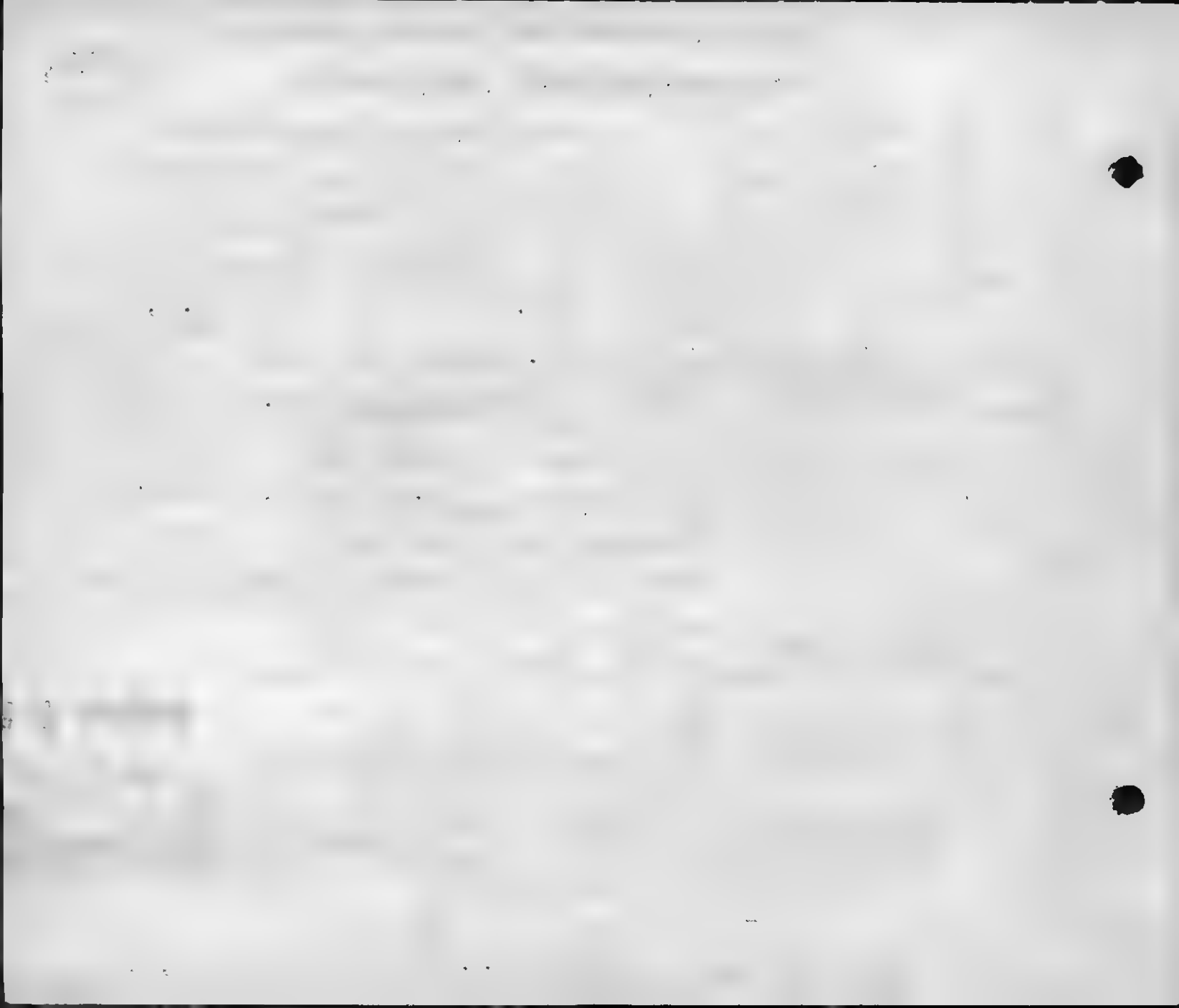
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Marriottsville</u>				TOWN <u>Marriottsville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Marriottsville Road</u>				STREET ADDRESS (If rural give location) <u>Marriottsville Road</u>			
3. NAME OF DECEASED (Type or Print) <u>LESTER CLYDE HINCKLE Sr.</u>				4. DATE OF DEATH <u>Nov. 26, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 10, 1908</u>	
9. AGE last birthday <u>47</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Elmer Hinckle</u>				14. MOTHER'S MAIDEN NAME <u>Verna Moore</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>				16. SOCIAL SECURITY NO. <u>197-01-6900</u>		17. INFORMANT & ADDRESS <u>Mrs. Edna Hinckle, Marriottsville, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
160X IMMEDIATE CAUSE (A) <u>GASTRIC OBSTRUCTION</u>						2 Mo.	
ANTECEDENT CAUSE(S) DUE TO (B) <u>METASTATIC CARCINOMA</u>						3 Mo.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>ANAPLASTIC CARCINOMA OF</u>						7 Mo.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>LEFT NASAL CAVITY</u>							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 26, 1955</u> to <u>Nov. 26, 1955</u> , that I last saw the deceased alive on <u>Nov. 26, 1955</u> , and that death occurred at <u>7:30 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Donald E. Fisher</u>		M.D. <u>Ellicott City, Md.</u>		ADDRESS (Street, city, town, etc.) <u>11-28-55</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12-1-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Logan Valley</u>		LOCATION (City, town, or county) (State) <u>Belleville, Pa.</u>	
24. REC'D BY REGISTRAR <u>Nov. 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Alice W. Webb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	

VS AISC 1-55 10M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.



10921

CERTIFICATE OF DEATH

10924

Reg. Dist. No.

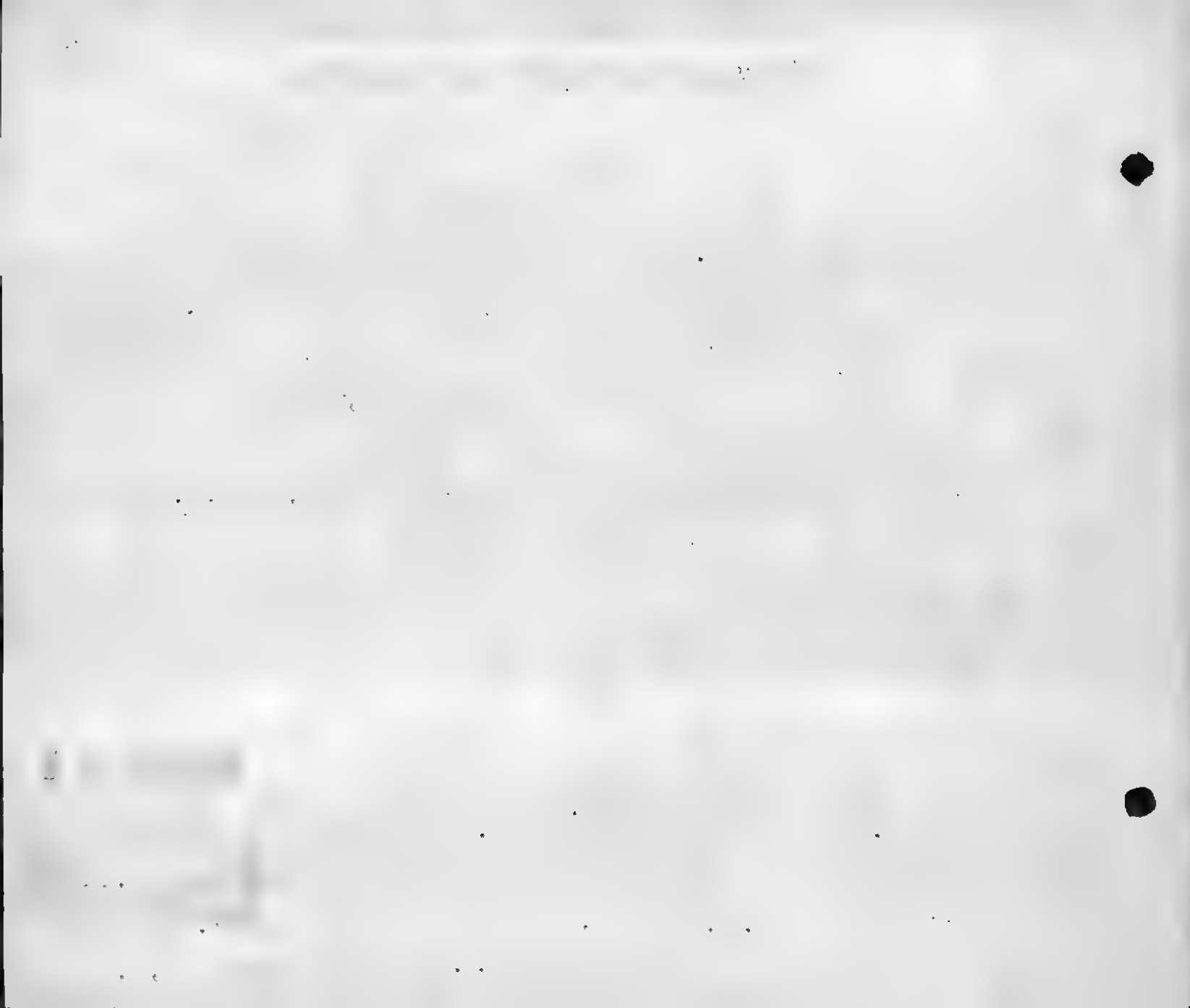
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Meadowridge Ave.</u>				STREET ADDRESS (If rural give location) <u>Meadowridge Ave</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Kate</u> (Middle) <u>Mary</u> (Last) <u>Ellen Jackson</u>				(Month) <u>Nov.</u> (Day) <u>18</u> (Year) <u>1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>About 1870</u>	9. AGE last birthday <u>7</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown Abe Matthews</u>				14. MOTHER'S MAIDEN NAME <u>Unknown Mary Granger</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mabel Eldridge, Severn, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Cardio Valvular Disease</u>				ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 11, 1955, to Nov. 11, 1955, that I last saw the deceased alive on Nov. 11, 1955, and that death occurred at 11:30 AM from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> ADDRESS (Street, city, town, state) <u>R 4 Box 212 Elkridge Md</u> DATE SIGNED <u>Nov. 18, 1955</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE OF REMOVAL <u>Nov. 20, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Stephens</u>		LOCATION (City, town, or county) (State) <u>Elkridge, Md.</u>	
24. REC'D BY REGISTRAR <u>[Signature]</u> DATE <u>Nov. 21, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham, Ellicott City, Md.</u>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



10922 CERTIFICATE OF DEATH

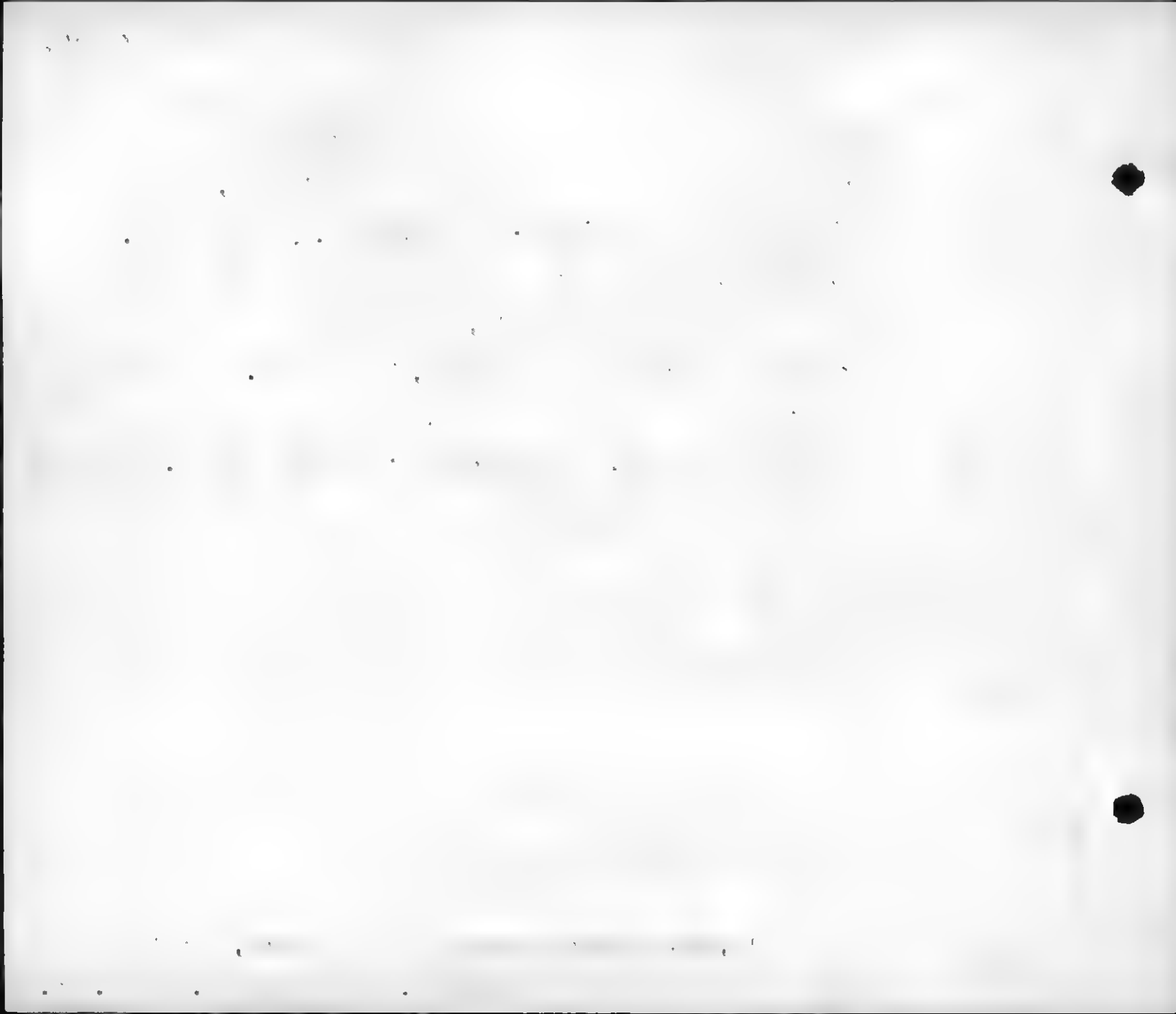
Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Howard	MARYLAND	STATE Maryland	COUNTY 3414
CITY (If outside corporate limits, write RURAL OR and give nearest town) Ellicott City	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing H.		STREET ADDRESS (If rural give location) 3249 E. Baltimore St.	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) (Middle) (Last) Charles Edward Miller		OF DEATH: Nov 9, 1955	
5. SEX: M	6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): White Widowed	8. DATE OF BIRTH: June 17, 1865	9. AGE last birthday: 90 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter		10B. KIND OF BUSINESS OR INDUSTRY: carpenter	11. BIRTHPLACE (State or foreign country): Trappe, Talbot Cty.
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Miller		14. MOTHER'S MAIDEN NAME: ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS: Mrs Bertie Keidel 611 N. Robinsons			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) 334X cerebral artery sclerosis			
ANTECEDENT CAUSE (B) Generalized Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Depressing state - refusal to enter nursing home			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/21 , 19 55 , to 9/9 , 19 55 , that I last saw the deceased alive on 9/4 , 19 55 , and that death occurred at 730 A.M., from the causes and on the date stated above.			
SIGNATURE Chas E Miller		ADDRESS M.D. 5226 Balt. Nat. Pike	
DATE SIGNED 11/10/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov 12, 1955	
NAME OF CEMETERY OR CREMATORY Denton Cemetery		LOCATION (City, town, or county) (State) Denton, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11/10/55		REGISTRAR'S SIGNATURE A. H. Hedrick	
24. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



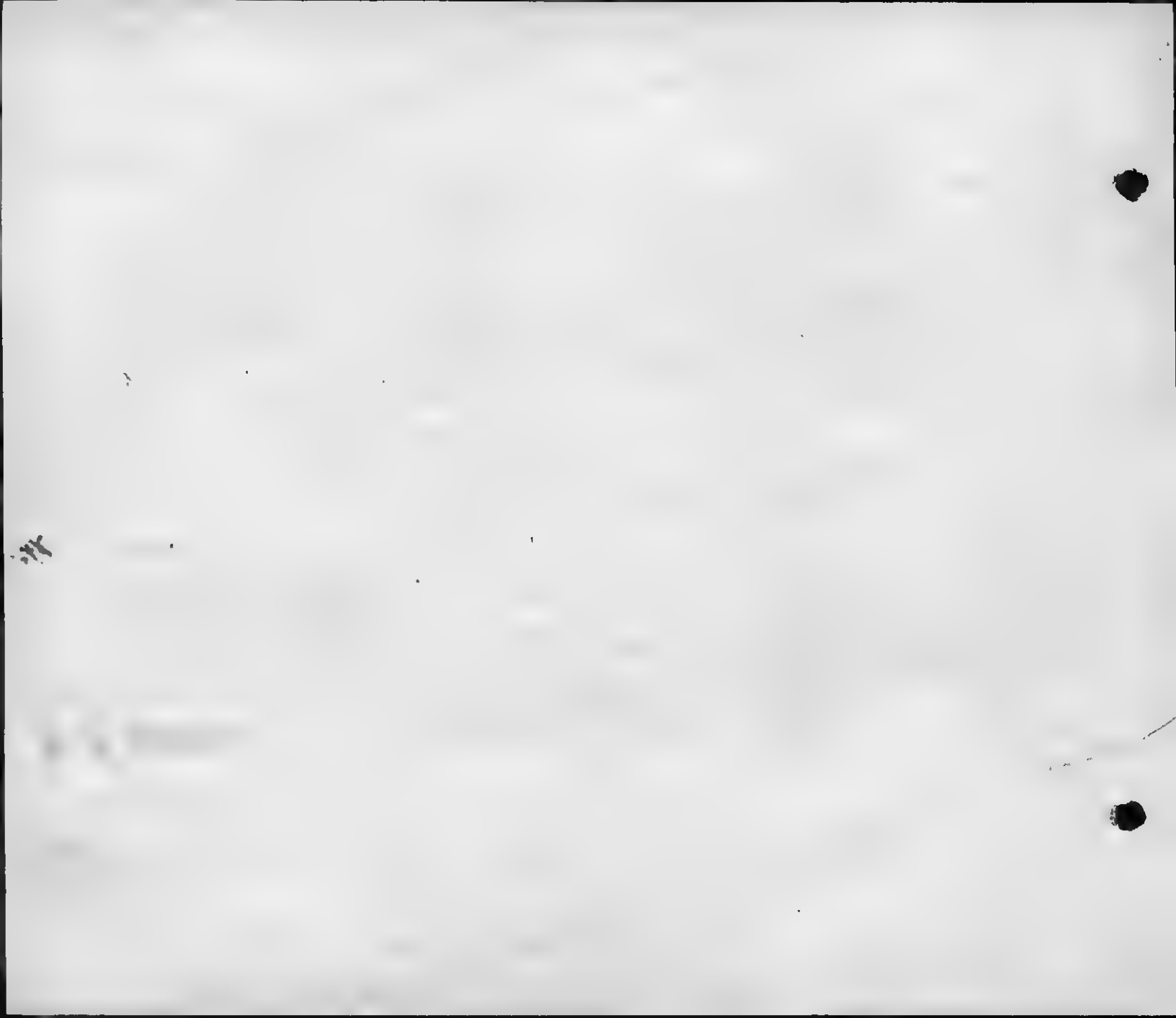
10993 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Howard</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Howard</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Eldridge</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>6507 old wash Rd</u>		STREET ADDRESS (If rural give location)	<u>6507 old wash Rd</u>
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Elizabeth</u>	(Middle) <u>Lewis</u>	(Last) <u>Miller</u>	DATE OF DEATH <u>Nov 15</u> 1953
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>Dec 18 1905</u>
9. AGE last birthday <u>47</u> yrs.		10. MONTHS <u>8</u> DAYS <u>29</u> HOURS <u></u> MIN. <u></u>	
11. BIRTHPLACE (State or foreign country): <u>Lynnwood Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Samuel Lewis</u>		14. MOTHER'S MAIDEN NAME: <u>Lou Dainey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no one</u>	
17. INFORMANT & ADDRESS: <u>Mrs Sue Lewis Burke (sister) Eldridge</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH (mo.)	
422.1 IMMEDIATE CAUSE (A) <u>Myocardial Insufficiency</u>		27 mo.	
ANTECEDENT CAUSE (B) <u>General Arterio-sclerosis</u>		2 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) <u>Confinement 8 age</u>		3 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept</u> , 1953, to <u>Nov 4</u> , 1953 that I last saw the deceased alive on <u>Nov 4</u> , 1953, and that death occurred at <u>11 1/2</u> M., from the causes and on the date stated above.			
SIGNATURE <u>S. D. Brundage</u>		ADDRESS <u>M. D. 5609 main st Eldridge</u>	
DATE SIGNED <u>11/14/53</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Removal</u>		DATE THEREOF <u>11/14/53</u>	
NAME OF CEMETERY OR CREMATION <u>Lewis Family Cmt</u>		LOCATION (City, town, or county) (State) <u>Rockingham Co. Va</u>	
24. REGISTRAR'S SIGNATURE <u>Paul Mercer</u>		25. FUNERAL DIRECTOR <u>W. J. Dickson</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1953</u>		ADDRESS <u>W. J. Dickson</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

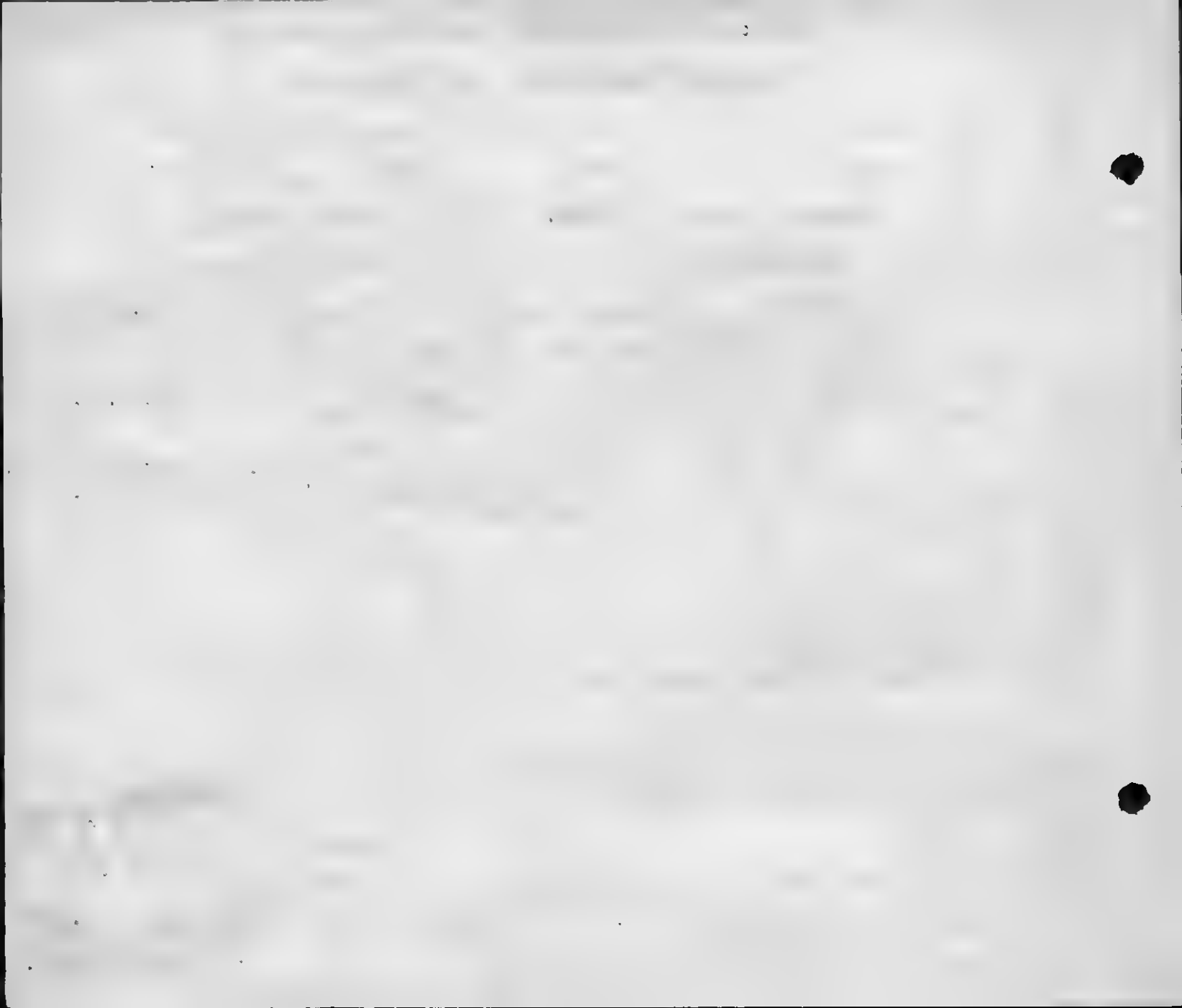
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10927

10924 CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Howard</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Howard</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Elkridge (rural)</u>	LENGTH OF STAY (in this place) <u>70 yrs.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Elkridge (rural)</u> <u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Montgomery Road</u>		STREET ADDRESS (If rural give location) <u>Montgomery Road</u>	<u>1</u>
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>THERESA</u> (Middle) <u>MARY</u> (Last) <u>O'NEILL</u>		(Month) <u>Nov.</u> (Day) <u>24</u> (Year) <u>19 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 15, 1885</u>
9. AGE last birthday <u>70</u> yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William Simon</u>		14. MOTHER'S MAIDEN NAME <u>Mary Otten</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS <u>Box 347 Elkridge 27, Md.</u>		18. MISS Cecilia O'Neill Montgomery Rd.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
493x IMMEDIATE CAUSE (A) <u>pneumonia Rt. base</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSE(S) (B) <u>Cardiac failure in pulmonary sci.</u>			<u>3 days</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Aged</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
20c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
20e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		20f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>54</u> , to <u>11/24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/24</u> , 19 <u>55</u> , and that death occurred at <u>9:15 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Cliff Hallett Jr. M.D.</u>		DATE SIGNED <u>11/21/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>11/28/55</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Elkridge Howard Co. Md.</u>	
24. REC'D BY REGISTRAR <u>No. 2612 (Miss) E. B. Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Easton's Sons</u>	
ADDRESS <u>Catonsville - 28 Md.</u>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10925

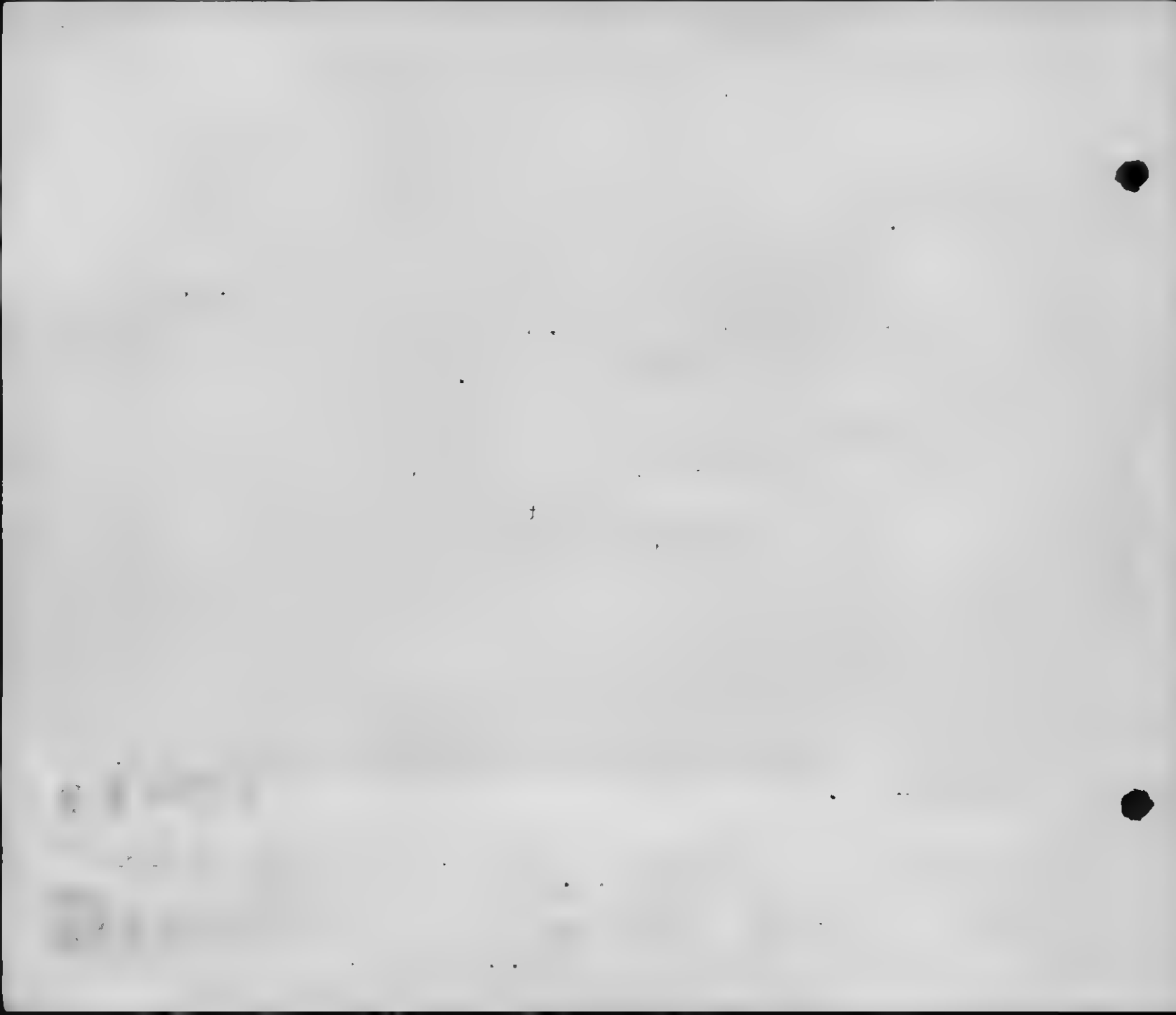
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10928
Reg. Dist.

No. 191

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Howard</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR			
<input checked="" type="checkbox"/> TOWN <u>Ridgeville</u>				TOWN <u>Daniels</u>		<input checked="" type="checkbox"/>	
HOSPITAL OR INSTITUTION OR Rt. 144 2 mile east of Ridgeville				STREET ADDRESS (If rural, give location)			
STREET ADDRESS <u>Md</u>				ADDRESS <u>/</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year)				
GUY FENLEY PERRY			Nov. 20, 1955 19				
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
Male		White		Single		Feb. 6, 1929	
9. AGE last birthday:				10. BIRTHPLACE (State or foreign country):		11. CITIZEN OF WHAT COUNTRY?	
26 yrs.				Tenn.			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY:			
Laborer				Woolen Mill			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Perry				Susan Seals			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		216-24-0328		Wiley Brewer, Ellicott City, Md			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Fracture 6th and 7th Cervical						Instant	
Immediate cause (a) ... <u>Vertebrae, Fracture Base of Skull</u> ...							
Antecedent cause(s) (b) ...							
DISEASES OR CONDITIONS, if any, giving rise to the above cause stating underlying cause last (c) ...							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway		21c. (City or town) 2 mile east Ridgeville		(County) Howard (State) Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-20-55 4.15 P.M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto struck wall Passenger in			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/>, Accident <input checked="" type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.							
SIGNATURE Royce E. Burget		Ellicott City, Md.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED 11-21-55			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 11-23-55		NAME OF CEMETERY OR CREMATORY Good Shepherd		LOCATION (City, town, or county) (State) Ellicott City, Md	
DATE RECD BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE John B. Loughran		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md			
				ADDRESS			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10926 CERTIFICATE OF DEATH

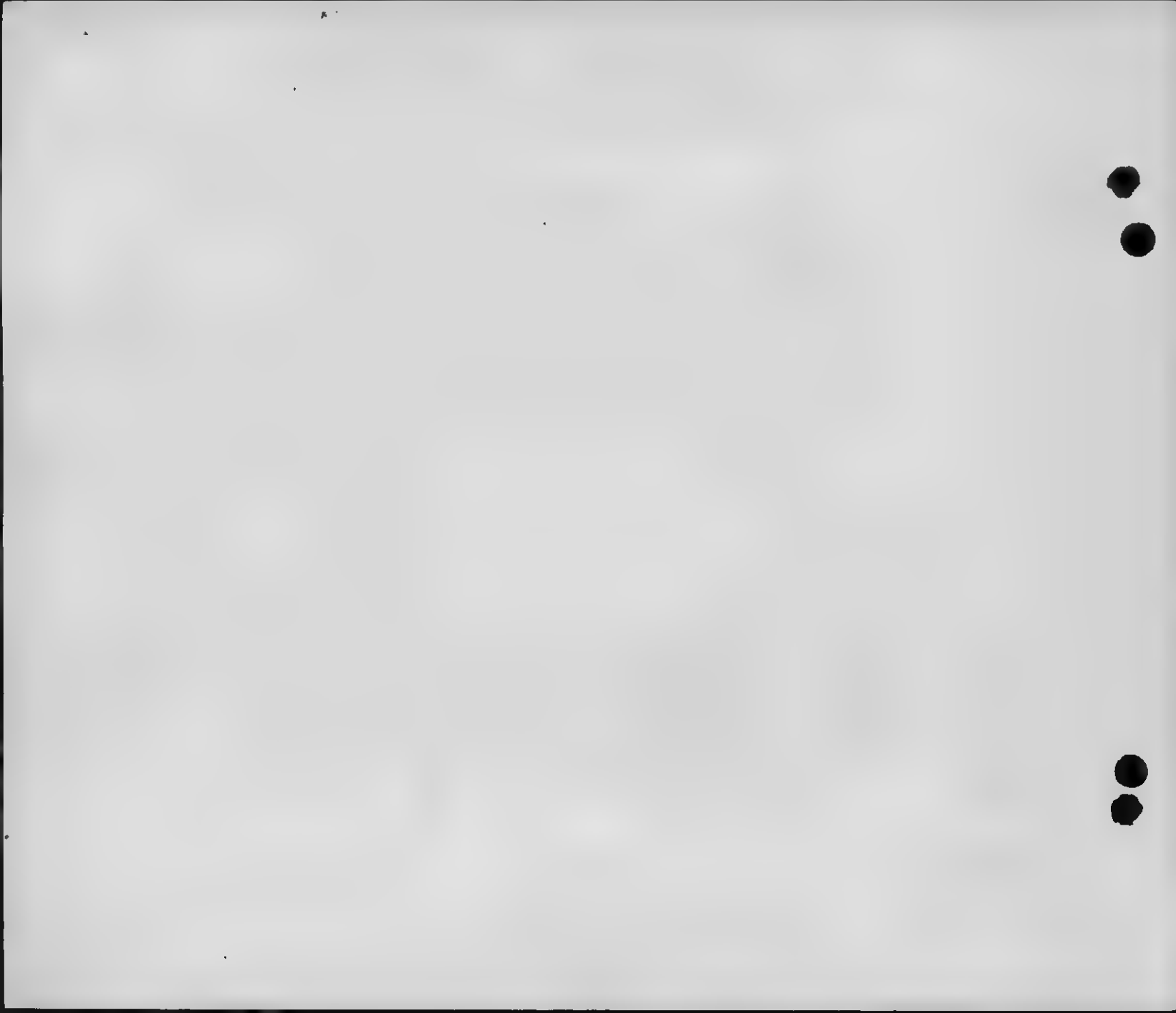
Reg. Dist. No.

1. PLACE OF DEATH COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing		STREET ADDRESS (If rural, give location) 1900 E. Eager Street	
3. NAME OF DECEASED (Type or Print) MAURICE		4. DATE OF DEATH (Month) November (Day) 27 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH Aug. 16, 1875
9. AGE last birthday 80 yrs.		10. AGE last birthday (If under 1 year) Months 80 Days 80 Hours 80 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bricklayer		10b. KIND OF BUSINESS OR INDUSTRY contractors	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Richard Pritchett		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --		16. SOCIAL SECURITY No. 217-07-449z	
17. INFORMANT AND ADDRESS Mr. James E.J. Pritchett		18. MEDICAL CERTIFICATION 825 Bradhurst Road	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 391X Immediate cause (a) Cerebral Hemorrhage Antecedent cause(s) (b) Cerebral Arteriosclerosis + generalized arteriosclerosis Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July , 19 55 , to Aug-Nov. , 19 55 , that I last saw the deceased alive on Nov. 25 , 19 55 , and that death occurred at 1 A. m., from the causes and on the date stated above. SIGNATURE Wm. J. Miller, M.D. ADDRESS 5226 Balt. Nat. Bldg. DATE SIGNED 11-28-55			
23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE THEREOF Nov. 30, 1955	
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE REC'D BY LOCAL REG. 11-30-55		REGISTRAR'S SIGNATURE H. Sander & Sons, Inc.	
24. FUNERAL DIRECTOR Baltimore, Maryland		ADDRESS 11-28-55	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.



10927

10930

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 191

1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Rt 40LENGTH OF STAY
(In this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Cooksville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Hagerstown 21X2

STREET ADDRESS (If rural, give location)

Rural near Finkstown

3. NAME OF
DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

ERNEST

RAY

ROSS

4. DATE

(Month)

(Day)

(Year)

OF
DEATH

Nov. 19, 1955

19

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): ?

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

Male

White

4-25-1918

37

yrs.

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired) Laborer10b. KIND OF BUSINESS OR
INDUSTRY:
Const. Work11. BIRTHPLACE (State or foreign country):
Delaware12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

Clarence T. Ross

14. MOTHER'S MAIDEN NAME:

Alice Cora Keim

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY No.:

232-26-0836

17. INFORMANT & ADDRESS:

Evelyn M. Burkett, 113 First St. Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)

DUE TO

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN
ONSET AND DEATH

instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

none

19b. MAJOR FINDING OF OPERATION:

none

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY d. S. Route 40

21c. (City or town)

(County)

(State)

Cooksville

Howard

Md.

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 11 19 1955 3 M.21e. INJURY OCCURRED
While at Not while
work ☐ at work ☒21f. HOW DID INJURY OCCUR? deceased's auto
stuck rear of gasoline tractor trailer.22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and
find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

George E. Dwyer

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

11/20/55

23. BURIAL, CREMATION,
REMOVAL (Specify):

Burial

DATE THEREOF

11-22-55

NAME OF CEMETERY OR CREMATORY

Pinto Memorial

LOCATION (City, town, or county)

Pinto, Md.

(State)

DATE REC'D BY LOCAL
REG.

11-20-55

REGISTRAR'S SIGNATURE

John B. Dougherty
P. B. E. L.

24. FUNERAL DIRECTOR

John J. Hafer, Cumberland, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

NOV 25 1955

RECEIVED

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10931

10928 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		STATE <u>Maryland</u> COUNTY <u>Howard</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <u>Ellicott City</u>		LENGTH OF STAY (In this place)		CITY OR TOWN <u>Ellicott City</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Old Natwick Road</u>				STREET ADDRESS <u>Old Natwick Road</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>JOHN</u>		(Middle) <u>WALTER</u>		(Last) <u>WHITEFORD</u>		(Month) <u>Nov. 9</u> (Day) <u>1955</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>May 10, 1880</u>	9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairyman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milk</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>216-07-9828</u>		17. INFORMANT & ADDRESS <u>Mrs. Mary Lois Frey, Ellicott City, Md</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						<u>15 MO.</u>	
IMMEDIATE CAUSE (A) <u>ADENOCARCINOMA OF STOMACH</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>METASTASES TO LIVER</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 August, 1955</u> , to <u>9 NOV., 1955</u> , that I last saw the deceased alive on <u>6 NOV., 1955</u> , and that death occurred at <u>7:05 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>George E. Groleau</u>				ADDRESS (Street, city, town, state) <u>M.D. MAIN St Clbridge md 11 Nov. 55 md</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF. <u>Nov. 12, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>		LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>John B. Loughman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	
DATE <u>Nov. 11, 55</u>							

Per B.E.L.

Journal of Management Education, 20(6), 679-686.